

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, IN 46204



Michael R. Pence
Governor of Indiana
Deborah J. Frye
PLA Executive Director

Pharmacist Renewal Form

Your pharmacist registration in the state of Indiana expires on 6/30/2016. Renew online at www.pla.in.gov or send this form with the renewal fee of \$160 to the address above, allowing 4 weeks for processing. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after 6/30/2016 you must include a \$50 late fee. If you answer 'Yes' to any question below, please send a notarized statement fully explaining the response including location, date and disposition and official documentation regarding the event with this renewal form.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address			
Licensee Name	License Number	Expiration Date 6/30/2016	Renewal Fee \$160
Street Address			
City	State	Zip Code	
Phone Number	Email Address		
QUESTIONS			
1. Since you last renewed, has any health profession license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending in any state?			YES NO
2. Since you last renewed, have you been denied a license, certificate, registration, or permit in any state?			YES NO
3. Since you last renewed, except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state?			YES NO
4. Since you last renewed, has a patient brought a civil action against your for a breach of your professional duties?			YES NO
5. Since you last renewed, have you been denied the privilege to dispense and/or fill prescriptions for a third party payer or government run healthcare plan/program; or have you been denied the rights to handle or fill prescriptions for certain types or classes of drugs?			YES NO
6. Since you last renewed, have you been treated for or received a diagnosis for alcohol or substance abuse or addiction?			YES NO
7. Do you want to put your license in inactive status? If you answer 'Yes' the CE requirements are waived.			YES NO
LICENSEE AFFIRMATION			
I hereby swear or affirm under the penalties of perjury that I understand and have met the continuing education requirements for renewal, understand the Board of Pharmacy statutes and rules and have answered the questions true to the best of my knowledge.			
Signature of Applicant		Date (month, day, year)	

Visit us on the web at www.pla.in.gov. If you have any questions for the Indiana Board of Pharmacy please email pla4@pla.in.gov or call 317-234-2067.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date